

County: Outagamie  
 BREWSTER VILLAGE  
 3300 WEST BREWSTER STREET

Facility ID: 6710

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APPLETON 54914 Phone:(920) 832-5400  
 Operated from 1/1 To 12/31 Days of Operation: 365  
 Operate in Conjunction with Hospital? No  
 Number of Beds Set Up and Staffed (12/31/02): 204  
 Total Licensed Bed Capacity (12/31/02): 204  
 Number of Residents on 12/31/02: 204

Ownership:  
 Highest Level License: Skilled  
 Operate in Conjunction with CBRF? No  
 Title 18 (Medicare) Certified? Yes  
 Title 19 (Medicaid) Certified? Yes  
 Average Daily Census: 203

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		12.7
Supp. Home Care-Personal Care	No	-----		-----		1 - 4 Years		44.6
Supp. Home Care-Household Services	No	Developmental Disabilities	11.8	Under 65	28.4	More Than 4 Years		42.6
Day Services	No	Mental Illness (Org./Psy)	36.8	65 - 74	21.6			-----
Respite Care	No	Mental Illness (Other)	25.5	75 - 84	28.4			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	20.1	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.5	95 & Over	1.5	Full-Time Equivalent		
Congregate Meals	No	Cancer	1.5		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	Yes	Fractures	0.0		100.0	(12/31/02)		
Other Meals	No	Cardiovascular	3.9	65 & Over	71.6	-----		
Transportation	No	Cerebrovascular	4.4		-----	RNs		14.7
Referral Service	No	Diabetes	0.5	Sex	%	LPNs		2.1
Other Services	No	Respiratory	1.5	-----		Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	12.7	Male	40.2	Aides, & Orderlies		
Mentally Ill	Yes		-----	Female	59.8			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	Yes				100.0			

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#### Method of Reimbursement

			Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total	%
Level of Care			No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Resi- dents	Of All
Int. Skilled Care	0	0.0	0			1	0.5	142	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	0.5
Skilled Care	3	100.0	251			148	81.3	122	0	0.0	0	17	89.5	170	0	0.0	0	0	0.0	0	168	82.4
Intermediate	---	---	---			9	4.9	102	0	0.0	0	2	10.5	170	0	0.0	0	0	0.0	0	11	5.4
Limited Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---			24	13.2	179	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	24	11.8
Traumatic Brain Inj	0	0.0	0			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	3	100.0				182	100.0		0	0.0		19	100.0		0	0.0		0	0.0		204	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02							
		-----							
				% Needing				Total	
Percent Admissions from:		Activities of		Assistance of		% Totally		Number of	
		Daily Living (ADL)		One Or Two Staff		Dependent		Residents	
Private Home/No Home Health		5.3		71.1		26.5		204	
Private Home/With Home Health		10.5		65.2		16.7		204	
Other Nursing Homes		26.3		37.7		12.3		204	
Acute Care Hospitals		26.3		46.1		19.6		204	
Psych. Hosp.-MR/DD Facilities		5.3		43.1		10.3		204	
Rehabilitation Hospitals		0.0							
Other Locations		26.3							
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Total Number of Admissions		38		Continence		% Special Treatments		%	
Percent Discharges To:				Indwelling Or External Catheter		Receiving Respiratory Care		2.0	
Private Home/No Home Health		10.8		Occ/Freq. Incontinent of Bladder		Receiving Tracheostomy Care		1.0	
Private Home/With Home Health		0.0		Occ/Freq. Incontinent of Bowel		Receiving Suctioning		0.5	
Other Nursing Homes		2.7				Receiving Ostomy Care		1.5	
Acute Care Hospitals		0.0		Mobility		Receiving Tube Feeding		1.5	
Psych. Hosp.-MR/DD Facilities		2.7		Physically Restrained		Receiving Mechanically Altered Diets		20.1	
Rehabilitation Hospitals		0.0							
Other Locations		5.4		Skin Care		Other Resident Characteristics			
Deaths		78.4		With Pressure Sores		Have Advance Directives		92.2	
Total Number of Discharges				With Rashes		Medications			
(Including Deaths)		37				Receiving Psychoactive Drugs		65.7	
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Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities									
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		This Facility		Ownership: Government		Bed Size: 200+		Licensure: Skilled	
		%		Peer Group		Peer Group		Peer Group	
				% Ratio		% Ratio		% Ratio	
								All Facilities	
								% Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds		99.5		83.8 1.19		81.7 1.22		85.3 1.17	
Current Residents from In-County		81.9		84.4 0.97		81.4 1.01		81.5 1.01	
Admissions from In-County, Still Residing		52.6		35.0 1.50		22.1 2.38		20.4 2.58	
Admissions/Average Daily Census		18.7		74.2 0.25		97.4 0.19		146.1 0.13	
Discharges/Average Daily Census		18.2		75.8 0.24		105.8 0.17		147.5 0.12	
Discharges To Private Residence/Average Daily Census		2.0		24.2 0.08		41.5 0.05		63.3 0.03	
Residents Receiving Skilled Care		82.8		86.6 0.96		88.0 0.94		92.4 0.90	
Residents Aged 65 and Older		71.6		83.9 0.85		86.1 0.83		92.0 0.78	
Title 19 (Medicaid) Funded Residents		89.2		76.6 1.16		72.7 1.23		63.6 1.40	
Private Pay Funded Residents		9.3		17.1 0.55		16.9 0.55		24.0 0.39	
Developmentally Disabled Residents		11.8		3.2 3.65		2.5 4.77		1.2 9.96	
Mentally Ill Residents		62.3		56.1 1.11		39.4 1.58		36.2 1.72	
General Medical Service Residents		12.7		14.6 0.88		26.5 0.48		22.5 0.57	
Impaired ADL (Mean)		43.5		49.6 0.88		52.3 0.83		49.3 0.88	
Psychological Problems		65.7		61.4 1.07		59.5 1.10		54.7 1.20	
Nursing Care Required (Mean)		4.7		6.4 0.74		7.0 0.67		6.7 0.70	
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